

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5648

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. _____	
1. PLACE OF DEATH a. CITY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (in this place) 40 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville			
d. FULL NAME OF HOSPITAL OR INSTITUTION 511 So. Mulberry				d. STREET ADDRESS (If rural, give location) 511 So. Mulberry			
3. NAME OF DECEASED (Type or Print) a. (First) NEWMERRIS		b. (Middle) HUMBER		c. (Last) KEYS		4. DATE OF DEATH (Month) (Day) (Year) 2 14 49	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2/16/56	
9. AGE (In years last birthday) 92		10. MONTHS 1 YEAR 1 DAY 1 HOUR 1 MIN.		11. BIRTHPLACE (State or foreign country) Platte Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Harrison Key		13b. MOTHER'S MAIDEN NAME Mary Ann Ellis		14. NAME OF HUSBAND OR WIFE deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Anna Key, Maryville, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) Invalidism from Fractured hip II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 days 3 yrs 5 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no operation				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 27, 1948, to Feb. 14, 1949, that I last saw the deceased alive on Feb 14, 1949, and that death occurred at 3:45 P. M., from the causes and on the date stated above.							
23a. SIGNATURE L. E. Dean		(Degree or title) M. D.		23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 2-16-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2/17/49		24c. NAME OF CEMETERY OR CREMATORY Salem		24d. LOCATION (City, town, or county) (State) Barnard, Missouri	
DATE REC'D BY LOCAL REG. 2-18-49		REGISTRAR'S SIGNATURE Bess Hall		25. FUNERAL DIRECTOR'S SIGNATURE Clem M. Price		ADDRESS Maryville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by-----

-----, Student Embalmer No. -----

working under my personal supervision.

Student -----

Student Embalmer

Signed-----

*Clay M. Price*

Licensed Embalmer No. 1822

P. O. Address Mayville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.